SEP 48 1997 S GP 3311

PATENT

Applicant: Fleicshman et al.

Serial No.: 08/529,354

Filing Date: September 18, 1995

Title: Systems and Methods for

Electronically Altering the Energy Emitting

Characteristics of an Electrode Array to Create

Different Lesion Patterns in Body Tissue

Group Art Unit: 3311

Examiner: D. Shay

I certify that on _______, which is the date I am signing this certificate, this correspondence and all attachments mentioned are being deposited in the United States Postal Service as first class in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Disorat Walle

Deborah Walker

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner for Patents Washington, D.C. 20231

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AMENDMENT TRANSMITTAL

GROUP 3300

Sir:

Transmitted herewith is an amendment in the above-identified application. Also enclosed is a Petition for Extension of Time to Respond, together with our check for \$55.00, to cover the fee for a one month extension of time.

- [x] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A Verified Statement Claiming Small Entity Status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below. No additional fee is required.

| | Claims Remaining After Amendment | Highest Number Previously Paid For | Number Extra | Small Entity Rate | Addt'l. Fee | Standard Rate | Addt'l. Fee |
|--|---|---|-----------------|-------------------------|----------------|------------------|----------------|
| TOTAL | 22 minus | 27 = | 0 | x \$ 11 | | x \$ 22 | \$ |
| INDEP. | 3 minus | 4 = | 0 | x \$ 40 | | x \$ 80 | |
| " 1st Presentation of Multiple Dependent Claim | | | | x \$130 | | x \$260 | |
| | | | | TOTAL | 0 | TOTAL | \$ |

| [] | Pleas | e charge my Deposit Account No. 16-2230 the amount of \$ A duplicate copy of | | |
|---------|--|--|--|--|
| this sh | neet is e | nclosed. | | |
| [] | A che | eck in the amount of \$ to cover the fee for additional claims is enclosed. | | |
| [x] | The Commissioner is hereby authorized to charge payment of the following fees associate with this communication or credit any overpayment to Deposit Account No. 16-2230. A duplicate copy of this sheet is enclosed. [x] Any additional filing fees required under 37 C.F.R. 1.16. | | | |
| | [x] | Any patent application processing fees under 37 C.F.R. 1.17. | | |
| | | Respectfully submitted, | | |
| | | | | |

Date

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Attorney for Applicant

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